

SECTION 2

PHYSICAL THERAPY and OCCUPATIONAL THERAPY SERVICES in REHABILITATION CENTERS

Table of Contents

| | | |
|-------|--|----|
| 1 | GENERAL POLICY | 2 |
| 1 - 1 | Purpose | 3 |
| 1 - 2 | Objectives of Physical Therapy and Occupational Therapies | 3 |
| 1 - 3 | Definitions | 4 |
| 1 - 4 | Clients Enrolled in a Managed Care Plan | 6 |
| 1 - 5 | Clients NOT Enrolled in a Managed Care Plan (Fee-for-Service Clients) | 6 |
| 1 - 6 | Residents of Intermediate Care Facilities for Mentally Retarded (ICF/MR) | 6 |
| 2 | COVERED SERVICES | 7 |
| 2 - 1 | Physical Therapy / Occupational Therapy Procedures | 8 |
| 3 | NON-COVERED SERVICES | 10 |
| 4 | PRIOR AUTHORIZATION | 11 |
| 5 | PROCEDURE CODES | 12 |
| | Instructions for Use of Codes and Explanation of Table Headings | 13 |
| | INDEX | 33 |

1 GENERAL POLICY

This manual is to be used by a rehabilitation center in which a treatment planning team or committee functions to assign the physical and occupational therapy treatments under the directions of the ordering physician. The center must bill for services as a Medicaid Rehabilitation Center provider. The individual therapist providing treatment for the center may not bill for services. The rehabilitation center must be enrolled with Medicaid as a rehabilitation center provider type in order to bill using the assigned Medicaid procedure codes for a combination of physical therapy and occupational therapy.

Physical therapy and occupational therapy as described in this Section are a benefit of the Utah Medicaid Program when provided by a licensed, qualified physical or occupational therapist. Beginning October 1, 2001, physical therapy services may also be performed by a physical therapy assistant under the immediate supervision of a physical therapist as defined in Chapter 1 - 3, Definitions. Beginning January 1, 2002, occupational therapy services may also be performed by a occupational therapy assistant under the immediate supervision of a occupational therapist as defined in Chapter 1 - 3, Definitions.

Physical therapy evaluation and treatment are authorized under the authority of the 42 CFR in the following Sections.

- a. 405.1718a Medicare Standard, Nursing Home patients;
- b. 405.1718b Medicare Standard, nursing Home equipment;
- c. 405.1718e Medicare Standard, Nursing Home personnel;
- d. 440.70(b)(4) Home health provisions of service;
- e. 440 - 1(a)(1)(2) Physical therapy definition and qualifications;
- f. 442.486 Physical Therapy services, ICF/MR;
- g. 442.487 ICF/MR records and evaluation.
- h. Utah Administrative Code, Utah Department of Health Rule R415-021, Physical Therapy.

Occupational therapy evaluation and treatment are authorized under the authority of 42 CFR in Section 410.59 and Utah administrative Code, Utah Department of Health Rule R414-20.

NOTE: Effective August 1, 1999, independent physical and occupational therapists, including group practices, may bill only for services not provided in a rehabilitation center. An independent physical therapist should refer to SECTION 2 titled Physical Therapy Services By Independent Physical Therapists Not in Rehabilitation Centers. An independent occupational therapist should refer to SECTION 2 titled Occupational Therapy Services By Independent Occupational Therapists Not in Rehabilitation Centers.

1 - 1 Purpose

The purpose of the physical/occupational therapy program is to increase the functioning ability of a client with a temporary or permanent disability.

The rehabilitation goals must include evaluation of the potential of each client, the factual statement of the level of functions present, the identification of the goal that may reasonably be achieved, and the predetermined space of time and concentration of services that would achieve the goal.

The Medicaid program is designed to provide services within financial limitations. They must balance a desired level of function with an achievable level of function within a defined length of time. The objectives of the program are to provide a scope of service, supplementary information, limitations, and instructions concerning prior authorizations, billing, and utilization which clearly direct the provider to accomplish the goals he has identified for the client.

The goal of the physical/occupational therapist is to improve the ability of the client, through the rehabilitative process, to function at a maximum level.

1 - 2 Objectives of Physical Therapy and Occupational Therapies

Objectives of physical or occupational therapy must include:

1. The evaluation and identification of the existing problem, not an anticipated problem;
2. The evaluation of the potential level of function actually achievable;
3. The restoration, to the level reasonably possible, of functions which have been lost due to accident or illness;
4. The establishment, to the level reasonably possible, of functions which are lacking due to defects of birth;
5. The eventual termination or transfer of the responsibility for identified procedures to family, guardians, or other care-givers.

1 - 3 Definitions

Physical Therapy

Physical therapy means (1) treatment by the use of exercise, massage, heat or cold, air, light, water, electricity, or sound in order to correct or alleviate a physical or mental condition or prevent the development of a physical or mental disability, or (2) the performance of tests of neuromuscular function as an aid to diagnosis or treatment. Utah Code Annotated, Section 58-24a-3.

Physical therapist and physiotherapist are equivalent terms for a qualified provider who practices physical therapy. A reference to any one of these includes the others. Utah Code Annotated, Section 58-24a-3. A qualified physical therapist must meet three conditions:

1. Be a graduate of a program of physical therapy approved by both the Council on Medical Education of the American Medical Association and the American Physical Therapy Association, or its equivalent;
2. Be licensed by the State of Utah; and
3. Be an enrolled provider for the Utah Medicaid Program.

A physical therapy assistant may provide services only under the immediate supervision of a physical therapist as defined by Utah Code 58-24a-102: "Immediate supervision" means the supervising physical therapist is:

- (a) present in the area where the person supervised is performing services; and
- (b) immediately available to assist the person being supervised in the services being performed.

The patient record must be signed by the physical therapist following the treatment rendered by a physical therapy assistant to certify the treatment was performed under his or her supervision. A physical therapy aide may only provide supplemental care, such a counting repetitions and maintaining exercising form and technique as a coach under the immediate supervision of the supervising physical therapist. Services provided by an physical therapy assistant must be billed under the physical therapist's Medicaid provider number.

Occupational Therapy

Occupational therapy means the treatment of a human being by the use of therapeutic exercise ADL activities, patient education, family training, home environment evaluation, equipment measurement and fitting, and fine motor skill modalities.

Occupational therapist means a person who practices occupational therapy. A qualified occupational therapist must meet three conditions:

1. Be a graduate of a program of occupational therapy approved by both the Council on Medical Education of the American Medical Association and the American Occupational Therapy association, or its equivalent;
2. Be licensed by the State of Utah; and
3. Be an enrolled provider for the Utah Medicaid Program.

An occupational therapist assistant may provide services only under the immediate supervision of an occupational therapist. "Immediate supervision" means the supervising occupational therapist is:

- (a) present in the area where the person supervised is performing services; and
- (b) immediately available to assist the person being supervised in the services being performed.

The patient record must be signed by the occupational therapist following the treatment rendered by an occupational therapy assistant to certify the treatment was performed under his or her supervision. Services provided by an occupational therapy assistant must be billed under the occupational therapist's Medicaid provider number.

| | |
|--|--|
| Utah Medicaid Provider Manual Division of Health Care Financing | P.T. and O.T. Services in Rehabilitation Centers August 1, 1999 |
|--|--|

Rehabilitation means the process of treatment that leads the disabled client to attainment of maximum function.
(Taber's Cyclopedic Medical Dictionary)

Rehabilitation Services means the delivery of rehabilitative medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of practice under state law, for maximum reduction of physical or mental disability and restoration of a client to the best possible functional level (42 CFR 440 - 2 (d)).

1 - 4 Clients Enrolled in a Managed Care Plan

A Medicaid client enrolled in a managed health care plan, such as a health maintenance organization (HMO), must receive all health care services through that plan. Refer to SECTION 1- GENERAL INFORMATION, Chapter 5, *Verifying Eligibility*, for information about how to verify a client's enrollment in a plan. For more information about managed health care plans, please refer to SECTION 1- GENERAL INFORMATION, Chapter 4, Managed Care Plans. Each plan may offer more benefits and/or fewer restrictions than the Medicaid scope of benefits explained in this Section of the Utah Medicaid Provider Manual. Each plan specifies services which are covered, those which require prior authorization, the process to request authorization and the conditions for authorization.

All questions concerning services covered by or payment from a managed care plan must be directed to the appropriate plan. Medicaid does NOT process prior authorization requests for services to be provided to a Medicaid client who is enrolled in a managed care plan when the services are included in the contract with the plan. Providers requesting prior authorization for services for a client enrolled in a managed care plan will be referred to that plan.

A list of HMOs with which Medicaid has a contract to provide health care services is included as an attachment to the provider manual. Please note that Medicaid staff make every effort to provide complete and accurate information on all inquiries as to a client's enrollment in a managed care plan. Because eligibility information as to what plan the client must use is available to providers, a "fee-for-service" claim will not be paid even when information is given in error by Medicaid staff.

1 - 5 Clients NOT Enrolled in a Managed Care Plan (Fee-for-Service Clients)

Medicaid clients who are *not* enrolled in a managed care plan may receive services from any provider who accepts Medicaid. This Section of the Utah Medicaid Provider Manual explains the conditions of coverage for Medicaid fee-for-service clients.

1 - 6 Residents of Intermediate Care Facilities for Mentally Retarded (ICF/MR)

An ICF/MR facility must provide and pay for physical or occupational therapy when a client resides in the facility and requires physical therapy as part of the plan of care. Reference: 42 CFR 442.486

Evaluation and therapy are components of the treatment plan and are the responsibility of the facility.

2 COVERED SERVICES

Physical therapy and occupational therapy includes therapeutic exercise and the modalities of heat, cold, water, air, sound, massage and electricity; client evaluations and tests; measurements of strength, balance, endurance, range of motion, and activities; and ADL activities

1. Clients must be referred by a doctor of medicine, osteopathy, dentistry or podiatry.
2. The physical therapy evaluation does not require prior approval, unless performed by a home health agency. Refer to Chapter 2 - 3, *Limitations*, Home Health. Occupational therapy is not a benefit of Home Health.
3. Evaluations are limited to one evaluation per treatment course for a specific condition or diagnosis. Written prior authorization is required beyond this limit.
4. The services must be of a level of complexity and sophistication, or the condition of the client must be such that services required can be safely and effectively performed only by a qualified physical therapist.
5. Services must be professionally appropriate according to standards in the field, utilizing professionally appropriate methods and materials, in a professionally appropriate environment.
6. Provision of service must be with the expectation that the condition under treatment will improve in a reasonable and predictable time. Length of time and number of treatments will be predicated by Physical Therapy Association guidelines. A service must be reasonable and necessary to the treatment of the client's condition. A service is not reasonable and necessary when the potential for rehabilitation is insignificant in relation to the extent and duration of physical/occupational therapy. If, at any point in treatment, there is no longer the expectation of significant improvement in a reasonable time, services will no longer be considered reasonable.
7. The amount, frequency, and duration of the services must be reasonable.
8. Physical or occupational therapy treatments are limited to one per day. The evaluation and the first treatment may be billed on the same date of service.
9. All therapy services after the first 20 sessions per client per provider per calendar year require prior authorization.
10. Therapy for PT or OT maintenance is not covered, except children under the age of 20 years are limited to one therapy visit per month for care giver training for the care giver to provide routine, repetitive or reinforced procedures of routine care in the residence.

2 - 1 Physical Therapy / Occupational Therapy Procedures

The therapy procedure code includes various physical therapy and occupational therapy modalities: heat, cold, whirlpool, massage, air and sound therapy, etc. There are no specific procedure codes in the Medicaid program for specific therapies. The facility, not the therapist, may bill any necessary modality under the one procedure code.

2 - 2 Limitations

1. More than twenty services per calendar year per client per provider are not reimbursable without prior authorization following the evaluation.
2. All other services by the same billing provider require prior authorization.
3. Clinics must bill for the services and put their provider number on the claim. Physical/Occupational therapists associated with rehabilitation centers in a hospital or clinic are required to use the Medicaid physical therapy or occupational therapy guidelines, service definitions and codes for their services when their licence number is identified on the claim. All limitations apply, including prior approval for all services after the first 20 sessions, except evaluation. CPT codes for physical medicine are to be used only when the physician directly performs the service and bills Medicaid with the physicians's provider number.
4. Hot Pack, Hydro collator, Infra-Red Treatments, Paraffin Baths and Whirlpool Baths.
Heat treatments of this type, including Whirlpool baths, do not ordinarily require the skills of a qualified physical therapist. However, in a particular case, the skills, knowledge, and judgment of a qualified physical therapist might be required in such treatments as baths (e.g., where the client's condition is complicated by circulatory deficiency, areas of desensitization, open wounds, or other complications) Also, if such treatments are given prior to, but as an integral part of, a skilled physical therapy procedure, these treatments would be considered part of the physical therapy service.
5. Gait Training.
Gait evaluation and training furnished a client whose ability to walk has been impaired by neurological, muscular or skeletal abnormality, require the skills of a qualified physical therapist. However, if gait evaluation and training cannot reasonably be expected to improve significantly the client's ability to walk, such services would not be considered reasonable or medically necessary. Repetitious exercises to improve gait or maintain strength and endurance and assist in walking, such as provided in support for feeble or unstable clients, are appropriately provided by supportive personnel (e.g., aides or nursing personnel) and do not require the skills of a qualified physical therapist.

6. Ultrasound, Shortwave, and Microwave Treatments.
These modalities must always be performed by a qualified physical therapist.
7. Range of Motion Tests.
Therapeutic exercises which must be performed by or under the supervision of a qualified physical therapist, due either to the type of exercise employed or condition of the client, would constitute physical therapy. Range of motion exercises require the skills of a qualified physical therapist only when they are part of active treatment of a specific disease which has resulted in the loss or restriction of mobility (as evidenced by physical therapy notes showing the degree of motion lost and the degree to be restored). Such exercises, either because of their nature or condition of the client, may be performed safely and effectively by a qualified physical therapist briefly. Generally, range of motion exercises related to the maintenance of function do not require the skills of a qualified physical therapist and are not reimbursable
8. Wound debridement is covered if hydrotherapy is used to facilitate the debridement. A simple bandage change is not reimbursable as a physical therapy treatment.
9. Home Health Limitations
 - A. In a home health agency where the physical therapist is an employee of the agency or where there is a contractual arrangement with the physical therapist, the home health agency must follow the Medicaid guidelines.
 - B. All physical therapy services, including the evaluation, require prior authorization.
 - C. Occupational therapy is not a benefit of Home Health.

3 NON-COVERED SERVICES

The following services are not covered:

1. Treatment for social or educational needs;
2. Treatment for clients who have stable chronic conditions which cannot benefit from physical or occupational therapy services;
3. Treatment for clients for whom there is no documented potential for improvement;
4. Treatment for clients who have reached maximum potential for improvement;
5. Treatment for clients who have achieved stated goals;
6. Treatment for non-diagnostic, non-therapeutic, routine, repetitive or reinforced procedures;
7. Treatment for cardiovascular accident (CVA) which begins more than 60 days after onset of the CVA;
8. Treatment for residents of ICF/MFR;
9. Treatment in excess of one session or service per day.

4 PRIOR AUTHORIZATION

The first twenty services, which includes the evaluation, per calendar year per client are reimbursable without prior authorization. All other services by the same provider require prior authorization. For general information about the prior authorization process, refer to SECTION 1, GENERAL INFORMATION of this Provider Manual, Chapter 9, Prior Authorization Process.

1. The request for prior approval for treatment should include a copy of the plan of treatment for the client or a document which includes:
 - A. the diagnosis and the severity of the medically oriented disorder or disability;
 - B. for clients with a cardiovascular accident (CVA), when the CVA was diagnosed (must be within 60 days)
 - C. the prognosis for progress within a reasonable and predictable time to an identified level;
 - D. the expected goals and objectives for the client; services are professionally appropriate under standards in the field, utilizing professionally appropriate methods and materials, in a professionally appropriate environment.
 - E. A plan that explicitly states the methods to be used and the termination conditions.
 - F. the detail of the method(s) of treatment;
 - G. the frequency of treatment sessions, length of each session, and duration of the program.
2. Prior Approval
 - A. The number of services approved will be based on the documented diagnosis, history, and goals, not to exceed one treatment per day.
 - B. The Utilization Management Staff in the Division of Health Care Financing use guidelines provided by the American Physical Therapy Association and the guidelines of the American Occupational Therapy Association.
 - C. In most cases, authorization for services will be given only ONCE. However, if continued sessions are necessary after the prior-approved sessions, the therapist may submit a new request (telephone or written) for reauthorization. Include a medical evaluation and documentation from the physician, as well as the therapist; a new treatment plan defining the new goals; supplemental data such as past treatment, progress made, family problems that may hinder progress, etc., and a definite termination date.

5 PROCEDURE CODES

The facility must bill for services, not the individual provider.*

Combination Physical/Occupational therapy procedure codes are as follows:

T1015, Clinic visit encounter, all inclusive. For physical therapy and occupational therapy evaluations and treatment procedures. Use the “GO” modifier when billing for occupational therapy.

The first 20 visits which include the evaluation do not require prior authorization. All additional visits require prior authorization.

A complete list of diagnoses, modalities and limits is included with this manual.

* If the therapist is a qualified, independent physical therapist NOT associated with a rehabilitation center, the therapist should refer to SECTION 2 titled Utah Medicaid Provider Manual for Physical Therapy Services By Independent Physical Therapists NOT in a Rehabilitation Center. If the therapist is a qualified, independent occupational therapist NOT associated with a rehabilitation center, the therapist should refer to SECTION 2 titled Utah Medicaid Provider Manual for Occupational Therapy Services By Independent Occupational Therapists NOT in a Rehabilitation Center.

PHYSICAL/OCCUPATIONAL THERAPY PROCEDURE CODES For Services Provided in Rehabilitation Centers

Instructions for Use of Codes and Explanation of Table Headings

The following list of codes and procedures is to be used for services for specific diagnoses by physical therapists and occupational therapists associated with a rehabilitation center. **The facility bills Medicaid, not the therapist**, and must use the appropriate code. The combination of P.T. and O. T. treatments should generally not exceed the number of treatments stated in the tables.

NOTES: Coverage and the prior authorization requirements apply **ONLY** for a Medicaid client (1) assigned to a Primary Care Provider or (2) not enrolled in a managed care plan. Providers requesting PA for services to a client enrolled in a managed care plan will be referred to that plan.

The list is updated by Medicaid Information Bulletins until republished in its entirety.

Below is an explanation of each column and codes on the table.

| | |
|--|---|
| CODE | For use by physical therapists and occupational therapists associated with a rehabilitation center |
| COMMON DIAGNOSIS OR COMPLICATIONS | These are common accompanying diagnoses or complications |
| AGE | "All" means that Medicaid covers the services from birth through any age. |
| TYPES OF P.T/O.T. THERAPY | Lists approved therapies covered by Medicaid for the diagnosis. The clinic or rehabilitation center will assign the P.T. or O.T. as requested by the physician. The total aggregate treatments of P.T./O.T. will not exceed the guidelines for each diagnoses stated. |
| PA | PA means Prior Authorization . The entry of W means written prior authorization is required by Medicaid. |
| COMMENTS | The average number of treatments and duration are stated. More than 20 treatment visits require prior authorization. |

The first twenty visits are not prior authorized. All treatments beyond the first twenty visits require prior authorization. Add a "GO" modifier with the **T1015** code when billing for occupational therapy.

AMPUTATION - LOWER EXTREMITY

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES OF P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|---|------------|--|----------------|--|
| T1015 | <ul style="list-style-type: none"> • Diabetes • Peripheral Vascular Disease • Neuroma • Adhesions • Infection • Decreased range of motion • Congenital deformity | all | 1) Stump healing management, i.e. bandaging, supervised whirlpool must be related to treatment goals, therapeutic exercise 2) Balance and coordination and strength-building therapeutic exercise, gait training 3) Prosthetic training, including strengthening, ROM, home environment evaluation equipment measurement and fitting | W | Average number of treatments: 24 Average duration of treatment: 3 months at every stump revision or new prosthesis Complications often interrupt treatment, extending duration of program. Stump shrinkage and abrasions may prolong or alter regimen as will stump revision or new prosthesis. |

AMPUTATION - UPPER EXTREMITY

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES OF P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|---|------------|---|----------------|---|
| T1015 | <ul style="list-style-type: none"> • Adhesions • Neuroma • Contractures • infection | all | Prosthetic training, ADL, bandaging, therapeutic exercise | W | Average number of treatments: 20 - 24 Duration of treatments: 4 months |

The first twenty visits are not prior authorized. All treatments beyond the first twenty visits require prior authorization. Add a "GO" modifier with the **T1015** code when billing for occupational therapy.

AMYOTROPHIC LATERAL SCLEROSIS

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|--|------------|---|----------------|--|
| T1015 | <ul style="list-style-type: none"> Decreased range of motion muscular weakness respiratory problems peripheral and central nerve paralysis spasticity oral motor swallowing problems | all | Exercise gait training, postural drainage, ADL, patient/family education, measurement and fitting for equipment, home environment evaluation, supervised pool and aquatic treatment must be related to treatment goals. | W | <p>Average number of treatments: 30</p> <p>Average duration of treatment: 4 months</p> |

ARTHRITIS **(Gout, Rheumatoid, Osteoarthritis)**

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|--|------------|---|----------------|---|
| T1015 | <ul style="list-style-type: none"> Pain deformities ankylosing spondylitis (Marie- Strumpell's) contracture muscular weakness | all | Therapeutic exercise, but virtually any modality. Gait training, ADL activities, supervised pool or hydrotherapy must be related to treatment goals, patient education, equipment measurement and fitting, home environment evaluation. | W | <p>Average number of treatments: 30</p> <p>Average duration of treatments: 3 months</p> |

The first twenty visits are not prior authorized. All treatments beyond the first twenty visits require prior authorization. Add a "GO" modifier with the **T1015** code when billing for occupational therapy.

OSTEOARTHRITIS (DEGENERATIVE)

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|---|------------|---|----------------|---|
| T1015 | <ul style="list-style-type: none"> • Pain • obesity • osteoporosis • contractures • muscular weakness • joint instability leading to deformity • paresthesia | all | Therapeutic exercise, gait training, ADL training, supervised pool or hydrotherapy, must be related to treatment goals, patient education | W | <p>Average number of treatments: 4 - 10</p> <p>Average duration of treatment: 2 weeks</p> |

BELLS PALSY

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|---|------------|---|----------------|---|
| T1015 | <ul style="list-style-type: none"> • Pain • muscular weakness • paralysis • fibrosis oral motor pathology | all | Infra red, electrical stimulation, hydrocollator packs, therapeutic exercise, massage, related to treatment goals, swallowing and feeding treatments. | W | <p>Average number of treatments: 16</p> <p>Average duration of treatments: 6 weeks.</p> |

The first twenty visits are not prior authorized. All treatments beyond the first twenty visits require prior authorization. Add a "GO" modifier with the **T1015** code when billing for occupational therapy.

BIRTH DEFECTS

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|---|-----|--|--------|---|
| T1015 | <ul style="list-style-type: none"> • Spina bifida • osteogenesis imperfecta • paraplegia • hydrocephalus • scoliosis • musculoskeletal deformity • osteoporosis • leg length discrepancy • muscular imbalance • decreased range of motion • gait deviation • muscular weakness • contractures • joint instability • kidney disease. • cerebral palsy • other genetic syndromes | all | Therapeutic exercise, ADL, neurodevelopmental therapy, gait training, supervised hydrotherapy must be related to treatment goals, bracing, tilt table, adaptive equipment, kinesthetic treatment evaluation. | W | <p>Average number of treatments: 60 - 90 (after each surgery)</p> <p>Average duration of treatments: 9 months -2 years</p> <p>Emphasis on independence in ADL's and gait, parent and patient education, progression of treatment related to neuro-developmental maturation and advancement.</p> <p>Initial treatment: intensive (Approximately two months after each surgery) then reducing frequency.</p> <p>* More deformity develops as bones grow at a faster rate than muscles causing muscle contractures and more gait disturbances-on going until growth is complete.</p> |

The first twenty visits are not prior authorized. All treatments beyond the first twenty visits require prior authorization. Add a "GO" modifier with the **T1015** code when billing for occupational therapy.

BRAIN DAMAGE
(other than Cerebral Vascular Accident)

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|--|-----|---|--------|---|
| T1015 | <ul style="list-style-type: none"> Anoxia, encephalitis meningitis aneurysm tumor clot hemorrhage hydrocephalus contusion concussion decreased range of motion muscular weakness decubiti incontinence infection perceptual deficit decreased balance spasticity confusion and disorientation ataxias athetosis | all | Therapeutic exercise, neurodevelopmental therapy, ADL, gait training, bracing, patient and family education, home environment evaluation, equipment measurement and fitting, kinaesthetic treatment, supervised pool and hydrotherapy must be related to treatment goals. | W | <p>Average number of treatments: 48</p> <p>Average duration of treatments: 12 months</p> <p>This is a life altering insult. Emphasis is placed on both physical and mental healing to reintegrate the patient into society. Keep independent.</p> |

The first twenty visits are not prior authorized. All treatments beyond the first twenty visits require prior authorization. Add a "GO" modifier with the **T1015** code when billing for occupational therapy.

BURNS

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|--|-----|--|--------|---|
| T1015 | <ul style="list-style-type: none"> infection dehydration contractures pain muscular weakness surgery amputation disfigurement. | all | Therapeutic exercise, massage, ultra - sound, debridement, supervised hydrotherapy must be related to treatment goals, bandaging, gait training, ADL, scar management, patient and family education. | W | <p>Average number of treatments: 24</p> <p>Average duration of treatments: 2 months</p> <p>Initially acute until wound covering is achieved. Surface area and degree of burn will dictate concentration and duration of treatment.</p> <p>Many plastic revisions.</p> |

BURSITIS

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|--|-----|---------------------------|--------|--|
| T1015 | <ul style="list-style-type: none"> Decreased ROM pain muscular weakness | all | ADL, therapeutic exercise | W | <p>Average number of treatments: 12</p> <p>Average duration of treatments: 1 month</p> <p>Decrease in range of motion often leading to contracture or "frozen" joint, which could lead to prolonged treatment.</p> |

The first twenty visits are not prior authorized. All treatments beyond the first twenty visits require prior authorization. Add a "GO" modifier with the **T1015** code when billing for occupational therapy.

CERVICAL RIB SYNDROME
THORACIC OUTLET SYNDROME
SCALENUS ANTICUS SYNDROME

| CODE | RELATED DIAGNOSES | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|---|-----|---------------------------|--------|--|
| T1015 | <ul style="list-style-type: none"> Pain and numbness in arm and hand neurological deficit muscular weakness decreased range of motion | all | Therapeutic exercise | W | Average number of treatments: 16 Average duration of treatments: 6 weeks Home instruction important. |

CHEST SURGERY

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|---|-----|---|--------|---|
| T1015 | <ul style="list-style-type: none"> Cancer pacemaker open heart surgery atelectasis pneumonia bronchitis congestive heart failure | all | Breathing exercises, postural drainage, vibrations, percussions, therapeutic exercise, gait training, upper extremity range of motion, patient and family education, endurance. | W | Average number of treatments: 15 Average duration of treatments: 1 month |

CHRONIC OBSTRUCTIVE LUNG DISEASE

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|--|-----|---|--------|--|
| T1015 | <ul style="list-style-type: none"> Emphysema bronchitis asthma pneumonia atelectasis cancer sarcoidosis bronchiectasis | all | Postural drainage, vibrations, percussion, breathing and endurance exercises. | W | Average number of treatments: 15 Average duration of treatment: 1 month |

The first twenty visits are not prior authorized. All treatments beyond the first twenty visits require prior authorization. Add a "GO" modifier with the **T1015** code when billing for occupational therapy.

CVA - HEMIPLEGIA

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|---|------------|---|----------------|---|
| T1015 | <ul style="list-style-type: none"> • Diabetes • peripheral vascular disease • decreased sensation • spinal cord injury • any other immobilizing disease or condition | all | ADL, gait training modalities, evaluation, electrical stimulation, equipment evaluation and fitting, home environment evaluation. | W | <p>Average number of treatments: 30</p> <p>Average duration of treatment: 3 months</p> <p>Chronic This can result in a life altering insult. Emphasis is placed on physical and mental healing to reintegrate the patient into society.</p> |

DECUBITUS ULCER

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|---|------------|--|----------------|--|
| T1015 | <ul style="list-style-type: none"> • Diabetes • peripheral vascular disease • decreased sensation • spinal cord injury • any other immobilizing disease or condition | all | Wound care, equipment evaluation, and fitting. | W | <p>Average number of treatments: 36 Treatment duration varies according to size and location of lesion</p> <p>Average duration of treatments: 4 months</p> <p>Physical therapy may be utilized intermittently.</p> |

The first twenty visits are not prior authorized. All treatments beyond the first twenty visits require prior authorization. Add a "GO" modifier with the **T1015** code when billing for occupational therapy.

DEGENERATIVE OR TRAUMATIC DISC DISEASE

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|--|-----|-------------------------------------|--------|---|
| T1015 | <ul style="list-style-type: none"> Pain decreased range of motion numbness muscle weakness | all | Therapeutic exercise, gait training | W | Average number of treatments: 18 Average duration of treatments: 6 weeks |

EPICONDYLITIS

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|--|-----|---------------------------|--------|---|
| T1015 | <ul style="list-style-type: none"> Pain decreased range of motion muscular weakness neurological deficit | all | Therapeutic exercise | W | Average number of treatments: 10 Average duration of treatments: 2-4 weeks Prolonged treatment not indicated. |

FRACTURED HIP

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|--|-----|--|--------|--|
| T1015 | <ul style="list-style-type: none"> Muscular weakness osteoporosis pain decreased range of motion infection thrombo-phlebitis osteomyelitis vascular necrosis | all | Gait training, therapeutic exercise, supervised hydrotherapy must be related to treatment goals, tilt table, ADL, strengthening, increased ROM | W | Average number of treatments: 30 (non - weight bearing) 16 (weight bearing) Average duration of treatments: 3 months (NWB) 6 weeks (WB) |

The first twenty visits are not prior authorized. All treatments beyond the first twenty visits require prior authorization. Add a "GO" modifier with the **T1015** code when billing for occupational therapy.

FRACTURE - LOWER EXTREMITY

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|--|------------|--|----------------|---|
| T1015 | <ul style="list-style-type: none"> muscular weakness edema thrombo-phlebitis infection osteomyelitis neurological deficit decreased range of motion | all | Gait training, therapeutic exercise, supervised hydrotherapy must be related to treatment goals, tilt table, ADL, strengthening, increased ROM | W | <p>Average number of treatments: 20</p> <p>Average duration of treatments: 10 weeks</p> <p>The closer the fracture is to a joint, the greater the complication potential and subsequent intensity and duration of treatment.</p> <p>Fracture: ANKLE---16 treatments FEMUR---16 treatments</p> |

FRACTURE - UPPER EXTREMITY

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|--|------------|----------------------------------|----------------|--|
| T1015 | <ul style="list-style-type: none"> Decreased range of motion vascular insufficiency muscle weakness | all | Therapeutic exercise | W | <p>Average number of treatments: 24</p> <p>Average duration of treatments: 2 months</p> <p>WRIST - 16 treatments</p> |

The first twenty visits are not prior authorized. All treatments beyond the first twenty visits require prior authorization. Add a "GO" modifier with the **T1015** code when billing for occupational therapy.

GUILLAIN-BARRE' SYNDROME

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|--|------------|---|----------------|---|
| T1015 | <ul style="list-style-type: none"> • Pain • decreased range of motion • joint instability • muscular weakness • decubiti • contractures • respiratory difficulties • decreased endurance | all | Therapeutic exercise, ADL, gait training, pulmonary hygiene, supervised pool therapy must be related to treatment goals, patient education, home environment evaluation, equipment measurement and fitting. | W | <p>Average number of treatments: 24</p> <p>Average duration of treatments: 3 months</p> <p>Emphasis on instruction and teaching by the therapist to establish independence. This disease may be manifested in an acute or chronic syndrome.</p> |

LYMPHEDEMA

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|---|------------|---|----------------|--|
| T1015 | <ul style="list-style-type: none"> • Pain • decreased range of motion • muscular weakness • edema | all | Therapeutic exercise, equipment measurement and stockings or equivalent, ADL. | W | <p>Average number of treatments: 16</p> <p>Average duration of treatments: 6 weeks</p> <p>Emphasis on instructions in procedures to be used at home.</p> |

The first twenty visits are not prior authorized. All treatments beyond the first twenty visits require prior authorization. Add a "GO" modifier with the **T1015** code when billing for occupational therapy.

MASTECTOMY

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|--|-----|--|--------|--|
| T1015 | <ul style="list-style-type: none"> • Adhesions • edema • muscular weakness • decrease in motion • peripheral nerve pressure • pain • shoulder-hand syndrome | all | Equipment measurement or equivalent, therapeutic exercise pneumatic compression. | W | <p>Average number of treatments: 16</p> <p>Average duration of treatments: 6 weeks</p> <p>Emphasis should be placed on home program from hospital.</p> |

MULTIPLE SCLEROSIS

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|---|-----|---|--------|--|
| T1015 | <ul style="list-style-type: none"> • Limited range of motion • incoordination • imbalance • muscular weakness • spasticity • decubiti • pain • incontinence • ataxia | all | Therapeutic exercise, gait training, ADL, supervised pool or hydrotherapy must be related to treatment goals, equipment measurement and fitting, home environment evaluation. | W | <p>Average number of treatments: 30</p> <p>Average duration of treatments: 4 months Used intermittently as indicated by exacerbation and remission.</p> <p>Therapy for this diagnosis should be directed toward supervision and home program construction.</p> |

The first twenty visits are not prior authorized. All treatments beyond the first twenty visits require prior authorization. Add a "GO" modifier with the **T1015** code when billing for occupational therapy.

MUSCULO-LIGAMENTOUS STRAINS AND SPRAINS

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|---|------------|--|----------------|---|
| T1015 | <ul style="list-style-type: none"> • Pain • decreased range of motion • muscular weakness • spasm • fracture | all | Therapeutic exercise, gait training, bracing, bandaging. | W | Average number of treatments: 12 Average duration of treatments: 1 month |

MYOCARDIAL INFARCT

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|--|------------|--|----------------|--|
| T1015 | <ul style="list-style-type: none"> • Thrombo -phlebitis • arteriosclerotic heart disease • hypertension • muscle weakness • pulmonary infarction • decreased activity tolerance. | all | ADL, gait, therapeutic exercise, endurance training, patient education | W | Average number of treatments: 16 Average duration of treatments: 2 months |

The first twenty visits are not prior authorized. All treatments beyond the first twenty visits require prior authorization. Add a "GO" modifier with the **T1015** code when billing for occupational therapy.

MYOSITIS

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|--|------------|----------------------------------|----------------|--|
| T1015 | <ul style="list-style-type: none"> • Pain • decreased range of motion • muscle weakness | all | Therapeutic exercise | W | Average number of treatments: 15 Average duration of treatment: 4 weeks |

NEURITIS OR NEURALGIA

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|---|------------|----------------------------------|----------------|---|
| T1015 | <ul style="list-style-type: none"> • Intense pain • decreased range of motion • weakness | all | Patient and family education | W | Average number of treatments: 16 Average duration of treatments: 3 - 4 weeks |

The first twenty visits are not prior authorized. All treatments beyond the first twenty visits require prior authorization. Add a "GO" modifier with the **T1015** code when billing for occupational therapy.

NEURODEVELOPMENTAL DEFICIT

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|---|-----|---|--------|--|
| T1015 | <ul style="list-style-type: none"> • Cerebral palsy, • birth trauma, • high risk infancy • birth anoxia, • developmental delay • spasticity • hypotonia • hypertonia • decreased range of motion • gait deviation • muscular weakness • joint instability • impaired cognitive function • athetosis • ataxia • genetic syndromes • chromosomes abnormality | all | <p>Neurodevelopmental therapy. kinesthetic treatment, therapeutic exercise, supervised hydrotherapy must be related to treatment goals, bracing, splinting, ADLs, gait training, mobility training, gross and fine motor skills, coordination, cognitive training, adaptive equipment training.</p> <p>After each surgical intervention-therapy needs to be more intensive then reduced - this is on going.</p> <p>Cerebral palsy is chronic in nature. Therapy is to <u>prevent</u> further deformity.</p> | W | <p>Average number of treatments: 50 - 100</p> <p>Average duration of treatments: 12 months to 3 years on going.</p> <p>Emphasis on achieving independence in gait, ADL's, mobility skills, instruction to parent and patient, progression of treatments related to neuro - developmental maturation and advancement.</p> <p>Initial treatment: Intensive (approximately two weeks), then reducing frequency Deformity (ROM- contractures-gait disturbances, etc.) as muscles don't keep up with bony growth. New equipment needs ADL;s as child grows.</p> |

The first twenty visits are not prior authorized. All treatments beyond the first twenty visits require prior authorization. Add a "GO" modifier with the **T1015** code when billing for occupational therapy.

PARAPLEGIA AND QUADRIPLEGIA

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|--|------------|--|----------------|--|
| T1015 | <ul style="list-style-type: none"> Limited range of motion osteoporosis decubiti kidney disease malnutrition bladder and kidney stones | all | Therapeutic exercise, ADL, gait training, ultra-violet light, supervised hydrotherapy must be related to treatment goals, bracing, tilt table, home environment evaluation, equipment fitting and measurement (wheelchair, bath) | W | <p>Average number of treatments: 48</p> <p>Acute rehabilitation after initial diagnosis. Emphasis on instruction and teaching by the physical therapist to establish independence.</p> |

PARKINSON'S DISEASE

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|---|------------|---|----------------|---|
| T1015 | <ul style="list-style-type: none"> Limited range of motion muscular weakness gait and posture problems pain decubiti | all | Therapeutic exercise, ROM, gait training, supervised hydrotherapy must be related to treatment goals, bracing, tilt table, home environment evaluation, equipment fitting and measurement (wheelchair, bath). | W | <p>Average number of treatments: 16</p> <p>Duration of treatments: 1 - 2 months</p> |

The first twenty visits are not prior authorized. All treatments beyond the first twenty visits require prior authorization. Add a "GO" modifier with the **T1015** code when billing for occupational therapy.

PERIPHERAL NERVE INJURIES

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|--|-----|--------------------------------|--------|---|
| T1015 | <ul style="list-style-type: none"> Edema pain muscular weakness atrophy contracture | all | Bracing, therapeutic exercises | W | <p>Average number of treatments: 20</p> <p>Average duration of treatments: 2 months</p> <p>Emphasis on instruction and teaching by the therapist to establish independence. This disease may be manifested in an acute or chronic syndrome.</p> |

RECONSTRUCTIVE HAND SURGERY

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|--|-----|---------------------------------|--------|--|
| T1015 | <ul style="list-style-type: none"> Arthritis pai decreased motion, muscular weakness edema infection tendonitis | all | Splinting, therapeutic exercise | W | <p>Average number of treatments 36</p> <p>Average duration of treatments: 3 months</p> |

SCLERODERMA

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|--|-----|--|--------|---|
| T1015 | <ul style="list-style-type: none"> Ulcers decreased ROM osteoporosis arthritis poor circulation | all | Therapeutic exercise, gait training, ADL activities, supervised pool therapy must be related to treatment goals. | W | <p>Average number of treatments: 24</p> <p>Average duration of treatments: 2 months</p> |

The first twenty visits are not prior authorized. All treatments beyond the first twenty visits require prior authorization. Add a "GO" modifier with the **T1015** code when billing for occupational therapy.

SYRINGOMYELIA

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|---|------------|--|----------------|--|
| T1015 | <ul style="list-style-type: none"> • Muscular weakness • diminished sensation | all | Therapeutic exercise, gait training, ADL | W | <p>Average number of treatments: 30</p> <p>Average duration of treatments: 7 months</p> <p>Therapy should be directed toward program construction and supervision.</p> |

THROMBOPHLEBITIS

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|---|------------|---|----------------|--|
| T1015 | <ul style="list-style-type: none"> • Ulcers • muscular weakness • edema • pain • hemorrhaging • decreased range of motion • amputation | all | Supervised whirlpool must be related to treatment goals, Beurger Allen exercise, therapeutic exercise, equipment measurement, compression stockings or equipment, intermittent mechanical compression, gait training. | W | <p>Average number of treatments: 4-10</p> <p>Average duration of treatments: 2 weeks</p> |

The first twenty visits are not prior authorized. All treatments beyond the first twenty visits require prior authorization. Add a "GO" modifier with the **T1015** code when billing for occupational therapy.

TOTAL KNEE (FIRST TIME AND REVISION)

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|--|-----|---------------------------|--------|--|
| T1015 | <ul style="list-style-type: none"> Decreased range of motion pain vascular insufficiency muscle weakness | all | Therapeutic exercise | W | <p>Average number of treatments: 20</p> <p>Average duration of treatments: 6 weeks</p> <p><u>Knee Revision</u> Average number of treatments: 36 Average duration of treatments: 2 months</p> |

VARICOSE ULCER

| CODE | COMMON DIAGNOSIS OR COMPLICATIONS | AGE | TYPES of P.T/O.T. THERAPY | P A | COMMENTS |
|--------------|---|-----|--|--------|--|
| T1015 | <ul style="list-style-type: none"> Amputation peripheral vascular disease pain | all | Therapeutic exercises, bandaging, and debridement, gait training, prosthetic training. | W | <p>Average number of treatments: 10</p> <p>Duration of treatments: 6 weeks</p> |

INDEX

| | | | |
|---|-----------------|---|--------------------------|
| Aide | 4, 8 | Medicare Standard | 2 |
| Assistant | 2, 4 | Microwave Treatments | 9 |
| Amputation - Lower Extremity | 14 | Multiple Sclerosis | 25 |
| Amputation - Upper Extremity | 14 | Musculo-ligamentous Strains And Sprains | 26 |
| Amyotrophic Lateral Sclerosis | 15 | Myocardial Infarct | 26 |
| Arthritis | 15, 30 | Myositis | 27 |
| Bandage change | 9 | Neuritis or Neuralgia | 27 |
| Bells Palsy | 16 | Neurodevelopmental Deficit | 28 |
| Birth Defects | 17 | NON-COVERED SERVICES | 10 |
| Brain Damage | 18 | Objectives | 3, 11 |
| Burns | 19 | Objectives of Physical Therapy | 3 |
| Bursitis | 19 | Occupational therapist | 2-4, 12 |
| Cardiovascular accident (CVA) | 10, 11 | Occupational Therapy | 1-4, 6-13 |
| Cervical Rib Syndrome | 20 | Occupational Therapy assistant | 2, 4 |
| Chest Surgery | 20 | Occupational Therapy Procedures | 8 |
| Chronic Obstructive Lung Disease | 20 | Osteoarthritis (Degenerative) | 16 |
| Clients Enrolled in a Managed Care Plan | 6 | PT or OT maintenance | 7 |
| Clinics | 8 | Paraffin Baths | 8 |
| COVERED SERVICES | 7, 10 | Paraplegia and Quadriplegia | 29 |
| CPT codes | 8 | Parkinson's Disease | 29 |
| CVA - Hemiplegia | 21 | Peripheral Nerve Injuries | 30 |
| Debridement | 9, 19, 32 | Physical therapy aids | 4 |
| Decubitus Ulcer | 21 | Physical therapy assistant | 2, 4 |
| Definitions | 2, 4, 8 | Physical therapy Association guidelines | 7 |
| Degenerative or Traumatic Disc Disease | 22 | Physical therapy services | 2, 9, 12 |
| Epicondylitis | 22 | Physiotherapist | 4 |
| Evaluation and identification | 3 | PRIOR AUTHORIZATION | 6-9, 11-13 |
| Evaluations | 7 | PROCEDURE CODES | 2, 8, 12, 13 |
| Family, guardians, or other care-givers | 3 | Quadriplegia | 29 |
| Fee-for-Service Clients | 6 | Qualified occupational therapist | 4 |
| Fracture - Lower Extremity | 23 | Range of Motion Tests | 9 |
| Fracture - Upper Extremity | 23 | Reauthorization | 11 |
| Fractured Hip | 22 | Reconstructive Hand Surgery | 30 |
| Frequency of treatment sessions | 11 | Rehabilitation | 1-3, 5, 7, 8, 12, 13, 29 |
| Gait Training | 8, 14-26, 28-32 | Rehabilitation centers | 1, 2, 8, 13 |
| Group Practices | 2 | Rehabilitation goals | 3 |
| Guillain-Barre' Syndrome | 24 | Rehabilitation services | 5 |
| HMOs | 6 | Scleroderma | 30 |
| Home Health Limitations | 9 | Shortwave | 9 |
| Home health provisions of service | 2 | Spinal Cord Injury | 21 |
| Hot Pack | 8 | Sprains | 26 |
| Hydro collar | 8 | Syringomyelia | 31 |
| ICF/MR | 2, 6 | Therapeutic exercise | 4, 7, 14-20, 22-32 |
| ICF/MR records and evaluation | 2 | Thrombophlebitis | 31 |
| Independent Physical Therapists | 2, 12 | Total Knee (First Time and Revision) | 32 |
| Infra-Red Treatments | 8 | Ultrasound | 9 |
| Intake and Evaluation | 12 | Utah Administrative Code | 2 |
| Intermediate Care Facilities | 6 | Varicose Ulcer | 32 |
| Limitations | 3, 7-9 | Verifying Eligibility | 6 |
| Lymphedema | 24 | Whirlpool Baths | 8 |
| Managed Care Plan | 6, 13 | Wound debridement | 9 |
| Mastectomy | 25 | | |